FORM **PTO-875**

(REV. 1-86)

U.S. DEPARTMENT OF COMMERCE

PATENT AND TRADEMARK OFFICE

PATENT APPLICATION FEE DETERMINATION

SERIAL NO

FILING DATE

RECORD

CLAIMS AS FILED - PART I

SIM	141	FN	FITY

RATE

OTHER THAN A SMALL ENTITY

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	36	20- 16
INDEP. CLAIMS	. 3	-3-
☐ MULTIPLE DEPENDEN	IT CLAIM PRESENT	

X17-×55-TOTAL

FEE

<u>OR</u>	RATE	FEE
<u>OR</u>	13.3	\$ 340
<u>OR</u>	X12=	s #
<u>OR</u>	×34 =	s
<u>OR</u>	X110-	SHA
<u>OR</u>	TOTAL	\$ 3

. If the difference in col. 1 is less than zero, enter "0" in col. 2

74.00 Sept. 923

CHOICE FOR SKY

CLAIMS AS AMENDED - PART II

(1)	(2)	(3)
CLAIMS REMAINING	HIGHEST NO. PREVIOUSLY	PRESENT

ENT A		REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDM	TOTAL	•	MINUS	••	-
ME	INDEP.	· >	MINUS	me_	
1	☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

	RATE	ADDIT. FEE	<u>OR</u>
	∀5 ≖	s	
	×15=	s	
	+ 50 =	s	
ADE	TOTAL IT. FEE	s	<u>OR</u>

RATE	ADDIT. FEE
×10	_

~ 3n = +100-TOTAL

OTHER THAN A

ENT RA	
ſΛk	

	RATE	ADDIT. FEE	<u>OR</u>
	-×5	· 12	
	-43	s	
	+50=	s /	
AD	TOTAL DIT. FEE	= 18	OR

_		
	RATE	ADDIT. FEE
	×10=	\$
I	×30=	s
ſ	+100=	s
	TOTÁL	s

ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST PREVIOU PAID F	JSLY	PRESENT EXTRA
POM	TOTAL	. 39	MINUS	3	صر	- ع
AMEN	INDEP.	3	MINUS	•••		and .
_	☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

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ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	
AMENDMENT	TOTAL	•	MINUS	••	-	
ME	INDEP.	•	MINUS	•••	-	
1	☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

	RATE	ADDIT. FEE	<u>OR</u>
	×5-	s	
	×15=	s	
	+50=	s	
TOTAL ADDIT. FEE		s	<u>OR</u>

RATE	ADDIT. FEE
×10=	s
×30=	s
+100=	s
TOTAL	s

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.